

IAP7 Rec'd PCT/PTO 12 JUN 2006 *IFW*



CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:  
Date: June 9, 2006 Name: Heidi A. Dare, Reg. No. 50,775 Signature: *Heidi A. Dare*

BRINKS  
HOFER  
GILSON  
& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Appln. of: Lasse W. Mogensen et al.

Appln. No.: 10/517,153

Filed: December 6, 2004

For: A Device for Subcutaneous  
Administration of a Medicament to a  
Patient

Attorney Docket No: 12706-9

Examiner: Christopher Koharski

Art Unit: 3763

Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

Checks for \$180.00 and \$50.00; Amendment; Second Supplemental Information Disclosure Statement (in duplicate); Form PTO-1449; copies of references C96-C147

Return Receipt Postcard

Fee calculation:

No additional fee is required.

Small Entity.

An extension fee in an amount of \$ \_\_\_\_\_ for a \_\_\_\_\_-month extension of time under 37 C.F.R. § 1.136(a).

A petition or processing fee in an amount of \$ \_\_\_\_\_ under 37 C.F.R. § 1.17(\_\_\_\_\_.)

An additional filing fee has been calculated as shown below:

|   | Claims Remaining<br>After Amendment |       | Highest No.<br>Previously Paid For | Present<br>Extra | Small Entity |           | Not a Small Entity |          |           |
|---|-------------------------------------|-------|------------------------------------|------------------|--------------|-----------|--------------------|----------|-----------|
|   |                                     |       |                                    |                  | Rate         | Add'l Fee | or                 | Rate     | Add'l Fee |
| Total                                     | 26                                  | Minus | 25                                 | 1                | x \$25=      |           |                    | x \$50=  | 50        |
| Indep.                                    | 2                                   | Minus | 3                                  | 0                | x 100=       |           |                    | x \$200= |           |
| First Presentation of Multiple Dep. Claim |                                     |       |                                    |                  | +\$180=      |           |                    | +\$360=  |           |
|   |                                     |       |                                    |                  | Total        | \$        |                    | Total    | \$50.00   |

Fee payment:

Checks in the amounts of \$180.00 for the Information Disclosure Statement and \$50.00 for the extra claim fee are enclosed.

Please charge Deposit Account No. 23-1925 in the amount of \$ \_\_\_\_\_. A copy of this Transmittal is enclosed for this purpose.

Payment by credit card in the amount of \$ \_\_\_\_\_. (Form PTO-2038 is attached).

The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

06/15/2006 LLANDGRA 00000054 10517153

Respectfully submitted,

01 FC:1806 180.00 OP  
02 FC:1615 50.00 OP

June 9, 2006  
Date

*Heidi A. Dare*

Heidi A. Dare (Reg. No. 50,775)